

L12000001598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

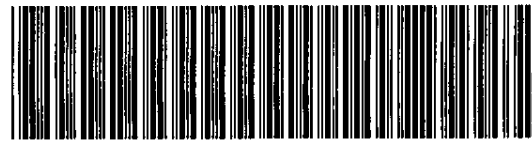
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900219225149

02/06/12--01022--019 \*\*55.00

FILED  
2012 FEB -6 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE WALK-IN X-RAY L.L.C  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RIDHA BEN HAJ BELGACEM  
Name of Person  
THE WALK-IN X-RAY L.L.C  
Firm/Company  
3345 South DALE MABRY HIGHWAY  
Address  
TAMPA FL 33629  
City/State and Zip Code  
benhaj\_5@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIDHA BEN HAJ BELGACEM at (813) 777 3940  
Name of Person Area Code & Daytime Telephone Number

FILED  
2012 FEB -6 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☒ \$30.00 Filing Fee & Certificate of Status  
☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUNCOAST DIAGNOSTIC CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-04-2012

Florida document number

CP575 G  
12000001598 Receipt # 3558133597

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE WALK-IN X-RAY L.L.C

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3345 SOUTH DALE MABRY  
Highway  
Tampa, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 8341  
TAMPA FL  
33674

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED  
2012 FEB -6 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

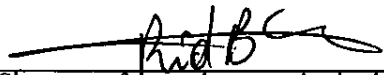
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RIDHA BEN HAS BELGACE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

N/A

FILED  
2012 FEB -6 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 02-01-2012

  
Signature of a member or authorized representative of a member  
RIDHA BEN HAS BELGACE  
Typed or printed name of signee